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PTO/SB/21 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

After Final Petition to Convert a Provisional Application Affidavits/declaration(s) Power of Attorney, Revocation Change of Correspondence Extension of Time Request Terminal Disclaimer Terminal Disclaimer Proprietary Information Status Letter Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent (in triplicate)	Under the Paperwork Reduction Act of 1995, no p	persons are required	Patent and Tradem to respond to a collection of information	ark Offi on unle	ce: U.S. DEPARTMENT OF COMMERCE ss it displays a valid OMB control number.
FORM (to be used for all correspondence after initial filing) First Named Inventor Art Unit Interpretable Art Unit Examiner Name Attorney Docket Number O0038.03CON ENCLOSURES (check all that apply) Fee Transmittal Form Drawing(s) Fee Attached Licensing-related Papers Amendment / Reply Petition After Final Provisional Application Power of Attorney, Revocation Change of Correspondence Extension of Time Request Terminal Disclaimer Fee Agenust for Refund Ron L. Hale Ron L. Hale Art Unit Interpretable Ron L. Hale Art Unit Interpretable Ron L. Hale Art Unit Interpretable Reful Matter Apply After Allowance communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) First Named Inventor Ron L. Hale Art Unit Interpretable Company After Allowance communication Forum Appeal Communication Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Cother Enclosure(s) (please identify below): Interpretable Interpretable Interpretable Interpretable Interpretable Request for Withdrawal as Attorney or Agent (in triplicate)			Application Number	10/	792,012
First Named Inventor Art Unit In It Is Is It Is Is It Is Is Is It Is Is Is It Is	TRANSMITT	Filing Date	3/3/	/2004	
Art Unit 1616 Examiner Name	FORM		First Named Inventor	Roi	n L. Hale
Total Number of Pages in This Submission ENCLOSURES (check all that apply) Fee Transmittal Form Drawing(s) Licensing-related Papers Amendment / Reply Petition Petition Petition Provisional Application Power of Attorney, Revocation Change of Correspondence Extension of Time Request Request for Refund Attorney or Agent (in triplicate) Request for Refund Attorney or Agent (in triplicate)	(to be used for all correspondence after i	initial filing)	Art Unit	161	6
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After Final Petition Petition After Final Petition to Convert a Provisional Application Power of Attorney, Revocation Change of Correspondence Extension of Time Request Terminal Disclaimer Request for Refund After Final Proprietary Information Proprietary Information Status Letter Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent (in triplicate)	Fee Attached	Licensing	g-related Papers		1
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Affidavits/declaration(s) Change of Correspondence Status Letter Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent (in triplicate)	After Final				Proprietary Information
Extension of Time Request Terminal Disclaimer identify below): 1. Request for Withdrawal as Attorney or Agent (in triplicate) -	Affidavits/declaration(s)				Status Letter
	Extension of Time Request	Terminal	Disclaimer	X	
	Express Abandonment Request	Request	for Refund		1. Request for Withdrawal as Attorney or Agent (in triplicate) - 3 pp.
Information Disclosure Statement CD, Number of CD(s) 2. Return Receipt Postcard	Information Disclosure Statement	CD, Nun	nber of CD(s)		2. Return Receipt Postcard
Certified Copy of Priority Document(s) Remarks	1	Remarks		<u> </u>	
Response to Missing Parts/ Incomplete Application					
Response to Missing Parts under 37 CFR 1.52 or 1.53					

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm or Individual name	Elaine C. Stracker -43,166					
Signature	Flain Shoel					
Date	DEC. 1 3 2004					

CERTIFICATE OF TRANSMISSION/MAILING

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with	
sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the	

Typed or printed name Elaine C. Stracker

Signature Date DEC. 1 3 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DEC 1 6 2004 Under the

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

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Application Number	10/792,012
Filing Date	3/3/2004
First Named Inventor	Ron L. Hale
Art Unit	1616
Examiner Name	
Attorney Docket Number	00038.03CON

To: Commissioner for Patents							
P.O. Box 1450 Alexandria, VA 22313-1450							
• • • •	I hereby apply to withdraw as attorney or agent for the above identified patent application.						
The reasons for this request are:							
This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee. The Assignee is currently handling their own patent prosecution.							
Assignee is currently handling t	nen own patent prosecution.						
	CORRESPONDENCE ADDRE						
1. The corresponden	ce address is NOT affected by this with						
<u> </u>	·						
2. Change the correspondence address and direct all future correspondence to:							
Customer Number							
OR							
Firm or Individual Name	IP Department (Alexza MDC)						
Address 1001 East Meadow Circle							
Address							
City	Palo Alto	State	CA	ZIP	94303		
Country					· · · · · · · · · · · · · · · · · · ·		
Telephone		Fax					
This request is made on behalf of myself and							
all the attorneys/agents of record,							
the attorneys/agents (with registration numbers) listed on the attached paper(s), or							
the attorneys/agents	associated with Customer Number						
	plicate (including any attachments).						
	C. Stracker						
Signature	m Charles	Registra	tion No.	43,166			
Date DEC.	1 3 2004						
NOTE: Withdrawal is effective approval of withdrawal and the	when approved rather than when received e expiration date of a time period for respon	l. Unless ase or pos	there are ssible exte	at least 30 da ension period,	ys between the request to		

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	Filing Date	3/3/2004
_	First Named Inventor	Ron L. Hale
	Art Unit	1616
	Examiner Name	
	Attorney Docket Number	00038.03CON

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The reasons for	this requ	est are:						
This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee. The Assignee is currently handling their own patent prosecution.								
<u> </u>		CORRESPONDENCE AI						
 The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to: 								
Customer Number OR								
Firm or Individual Name IP Department (Alexza MDC)								
Address 1001 East Meadow Circle								
Address								
City		Palo Alto		State	CA		ZIP	94303
Country								
Telephone				Fax				
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number								
This request is enclo	sed in tri	plicate (including any attachments).						
Name	Elaine (C. Stracker						
Signature	Mus	- Chicolo		Registra	tion No.	43,1	66	<u>a</u>
Date	DEC.	1 3 2004						
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/83 (06-03)

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	CORRESPONDENCE ADDRE	SS					
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Customer Number							
OR							
Firm or Individual Name	IP Department (Alexza MDC)						
Address 1001 East Meadow Circle							
Address							
City	Palo Alto	State	CA	ZIP	94303		
Country							
Telephone		Fax					
This request is made on behalf of myself and all the attorneys/agents of record,							
the attorneys/agents (with registration numbers) listed on the attached paper(s), or							
the attorneys/agents	s associated with Customer Number			}			
This request is enclosed in tri	plicate (including any attachments).						
Name Elaine C	Stracker						
Signature	w Heat	Registra	tion No.	43,166			
Date OEC.	7 3 2004	_					
NOTE: Withdrawal is effective approval of withdrawal and the	when approved rather than when received e expiration date of a time period for respon yed	i. Unless ase or pos	there are ssible exte	at least 30 da nsion period,	ys between the request to		

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